

IC 20-12-30**Chapter 30. Indiana University: State Medical Education Plan****IC 20-12-30-1****Statewide medical education plan; establishment; provisions**

Sec. 1. In order to retain and attract more physicians by the state of Indiana, the Indiana University school of medicine shall establish a plan for state-wide medical education. Said plan should provide supplemental income for interns and residents based on the policies recommended by the medical education board. Included in this plan should be a state-wide communications network for television, audio, and computer library service. This plan should provide for Indiana University school of medicine to establish working relationships or community clinical teaching and training programs with the cooperation of the medical profession, hospitals, and clinics. Such sites shall be chosen by the medical education board which shall include in its consideration Indianapolis, Lafayette, cities of Lake County, Michigan City, South Bend, Fort Wayne, Bluffton, Marion, Muncie, Kokomo, Richmond, Terre Haute, Vincennes, Evansville, Jeffersonville, and other areas when adequate preparation and funds will allow such a program. The plan should include formal teaching opportunities for intern and resident training and advanced medical education throughout the state. The plan should also establish the positions and partially or wholly fund additional off-campus Indiana university medical faculty and directors of medical education located throughout the state with appointment mainly in local communities. It should expand continuing medical education programs for interns and residents on a state-wide basis. Medical institutions throughout the state could apply for grants-in-aid to the medical education board or the Indiana university school of medicine for financial support of personnel or programs. It would permit funding of programs not affiliated with Indiana university school of medicine.

(Formerly: Acts 1967, c.286, s.1.)

IC 20-12-30-2**Medical education board; establishment; membership; qualification; term**

Sec. 2. There is hereby established a medical education board, consisting of seven (7) persons; the dean of the Indiana University School of Medicine, who shall be, ex officio, a member of the board and shall serve as its chairman; the commissioner of the state department of health by virtue of his office; and five (5) members appointed by the governor. One (1) of the members appointed by the governor shall be a director of medical education of an Indiana hospital not owned or operated by Indiana University; one (1) shall be a hospital administrator in a hospital not owned or operated by Indiana University and not the hospital administrator for the hospital of the director of medical education herein provided; one (1) shall be a citizen of this state who is neither a physician nor a hospital administrator; and two (2) shall be physicians holding unlimited

licenses to practice medicine in Indiana. Neither of the two (2) physicians may be a director of medical education, but one (1) must be practicing in the specialty of family practice. The terms of office of the five (5) members appointed by the governor shall be three (3) years beginning January 1 of the year of appointment and continuing until the member's successor is appointed and qualified. If a membership on the board should become vacant prior to the expiration of the term, the governor shall appoint a replacement of similar representative status to fill the unexpired term.

(Formerly: Acts 1967, c.286, s.2; Acts 1974, P.L.100, SEC.2.) As amended by P.L.2-1992, SEC.731.

IC 20-12-30-2.1

Board; meetings

Sec. 2.1. Board: Meetings. The board shall meet initially at the call of the governor, and thereafter not less than twice each year.

(Formerly: Acts 1974, P.L.100, SEC.3.)

IC 20-12-30-2.2

Board; compensation

Sec. 2.2. Board: Compensation. The board members shall receive no salary but shall be allowed a per diem for each day actually spent by them upon the business of the board, and may be reimbursed for any travel expenses incurred by them in the performance of their responsibilities under this chapter.

(Formerly: Acts 1974, P.L.100, SEC.4.)

IC 20-12-30-2.3

Board; administrative

Sec. 2.3. The state budget agency shall provide for necessary office space and secretarial personnel as is requested by the board and is required for the conduct of the board's business. Board expenses may include necessary rent, salaries, and other necessary administrative expenses. Payment for such expenses shall come from monies appropriated by Acts 1974, P.L.100, SECTION 8.

(Formerly: Acts 1974, P.L.100, SEC.5.) As amended by P.L.2-1988, SEC.620.

IC 20-12-30-2.5

Intent of IC 20-12-30-3

Sec. 2.5. It is the intent of section 3 of this chapter to assist in annually preparing, educating, and retaining more than one hundred (100) physicians for family practice in Indiana. Family practice programs are necessary to teach the latest scientific care of common diseases to provide health care for the maximum number of citizens in Indiana.

As added by P.L.1-1989, SEC.43.

IC 20-12-30-3

Hospital education and training plans

Sec. 3. The medical education board shall establish policies for the use and expenditure of the money hereby appropriated for intern-residency and appropriate graduate programs. The board shall set standards for qualification for participation under the provisions of this chapter. These shall include, but not be limited to, the following:

(a) An educational plan and a training schedule shall be presented to the board by the hospital for each program for which it desires assistance under this chapter at the time of its application to the board.

(b) The board shall be reasonably certain that the educational program of the hospital will provide a high degree of academic excellence.

(c) A physician, who shall not be the hospital administrator, shall be charged with the primary responsibility of supervising the educational program of the hospital.

(d) One individual shall be charged with directing each resident training program in a medical specialty in the hospital in order for the residency to receive funds provided by this chapter. The individual shall attend one professional state or national meeting in his specialty or one post-graduate course, not to include those provided in the local hospital with which he is affiliated, in this specialty each year; and should show evidence of progressive competence in the field of medical education.

(e) Each hospital participating in this program shall provide a post-graduate education program to be made available to doctors in private practice in the local area. For each residency training program, there shall be at least one post-graduate course in this specialty each year.

(f) The board shall periodically review the educational program provided by a participating hospital to assure that the program provides a reasonable amount of both formal and practical training and that the formal sessions shall be presented insofar as practicable as often as scheduled in the educational plan of the hospital. The review shall include at least one (1) visit to each participating hospital by the board or its delegated representative each year.

(g) Nothing in this chapter shall in any way compromise the accreditation of the participating hospital by the American Hospital Association, the American Medical Association, the American Osteopathic Hospital Association, the American Osteopathic Association or the Association of American Medical Colleges.

In addition to the programs already provided for in this section, the board shall provide financial support for the development, enlargement and continuation of graduate training programs in family practice for physicians which shall prepare them for the specialty of family practice. The term "family practice" means that medical specialty which is called family practice and which provides personal physicians who serve as first medical contacts for patients, who provide a means of entering the health care system, and who accept responsibility for a patient's total health care.

Funding for family practice residency programs shall provide supplemental support to eligible hospitals in behalf of the education of family medicine residents in accordance with the policies recommended by the medical education board.

Appropriations to the medical education board from the general fund for the board's use in developing, enlarging, and continuing graduate training programs in family practice shall be placed in a separate fund to be called the "family practice residency fund." Amounts in this fund do not revert to the general fund at the close of any fiscal year.

(Formerly: Acts 1967, c.286, s.3; Acts 1974, P.L.100, SEC.6.) As amended by Acts 1979, P.L.218, SEC.1.

IC 20-12-30-4

Medical education advisory board; establishing fiscal policies for intern residency and appropriate graduate programs

Sec. 4. The medical education advisory board shall establish policies for the use and expenditure of the money hereby appropriated for and in the intern residency and appropriate graduate program section of this chapter but shall not establish or recommend policies for the teaching, training, and educational program section of this chapter.

(Formerly: Acts 1967, c.286, s.4.) As amended by P.L.2-1988, SEC.621.